

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	<i>6 numeric digits</i>	613007
2	Carrier Study Area Name	<i>alpha characters</i>	CORDOVA TELEPHONE COOPERATIVE, INC.
3	Service Provider Identification Number	<i>9 numeric digits</i>	143002690
4	Residential Local Service Charge Effective Date	<i>mm/dd/yy</i>	07/01/15
5	Contact Name	<i>alpha characters</i>	Koker, Lisa J
6	Contact Telephone Number (include area code)	<i>9 numeric digits</i>	907-424-2138
7	Sheet Number	<i>numeric digit(s)</i>	
8	Total Number of Sheets	<i>numeric digit(s)</i>	


Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	13.00	5.25	1.90		822	Cordova	Residential

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Cordova Telephone Cooperative, Inc.	
Signature of authorized officer					
Printed name of authorized officer				Paul Kelly	
Title or position of authorized officer				General Manager/ CEO	
Telephone number of authorized officer:				(907) 424-2111 ext.	
Study Area Code of Reporting Carrier		613007		Filing Due Date for this form (mm/dd/yyyy)	07/01/2015
				Date	
				06/09/2015	

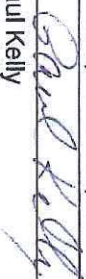
Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier

I certify that National Exchange Carrier Association (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.

I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.

Name of Authorized Agent				National Exchange Carrier Association (NECA)	
Name of Reporting Carrier				Cordova Telephone Cooperative, Inc.	
Signature of authorized officer					
Printed name of authorized officer				Paul Kelly	
Title or position of authorized officer				General Manager/ CEO	
Telephone number of authorized officer:				(907) 424-2111 ext.	
Study Area Code of Reporting Carrier		613007	Filing Due Date for this form (mm/dd/yyyy)	07/01/2015	

CERTIFICATION-AGENT